

ATTORNEY APPEARANCE FORM

**FILED**  
**JANUARY 7, 2008**  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number:

**08 C 103**

MARY LOU McCOLLUM, Plaintiff,

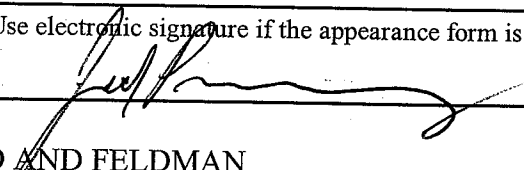
v.

SEASONS HOSPICE, INC., d/b/a SEASONS  
HOSPICE & PALLIATIVE CARE

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Plaintiff Mary Lou McCollum

**JUDGE LEINENWEBER**  
**MAGISTRATE JUDGE SCHENKIER**

NAME (Type or print) Jacob Pomeranz	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) 	
FIRM CORNFIELD AND FELDMAN	
STREET ADDRESS Suite 1400, 25 East Washington Street	
CITY/STATE/ZIP Chicago, IL 60602-1803	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 2229714	TELEPHONE NUMBER (312) 236-7800
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	